

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"><b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV -7 PM 2:57</div> <div style="text-align: center;"></div>	
<b>DOCUMENT # P00000054247</b>					
1. Corporation Name <b>PRO COURIER &amp; MULTI SERVICE COMPANY</b>					
Principal Place of Business <b>1736 NORTHEAST 8TH STREET APARTMENT A HOMESTEAD FL 33033</b>		Mailing Address <b>1736 NORTHEAST 8TH STREET APARTMENT A HOMESTEAD FL 33033</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>35 NW 12 street</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>P.O Box 90099</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>06/06/2000</b>	
City & State <b>Florida City FL</b> Zip <b>33034</b> Country <b>Miami-Dade</b>		City & State <b>Homestead FL</b> Zip <b>33090</b> Country <b>Miami-Dade</b>		5. FEI Number <b>65-1014329</b> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PSTD	LAURENT, KARYNE	1736 NORTHEAST 8TH STREET	HOMESTEAD FL 33033		
V.P	Etienne Joseph	P.O Box 90099	Homestead, FL 33090		
			6000004699126--5 -11/29/01--01077--006 ***550.00 ***550.00		
8. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent		<b>SIGNATURE REQUIRED</b>		Date	
REGISTERED AGENT MUST SIGN					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/16/01 305-245-2674 Date Daytime Phone #	

CR2E040 (8/01)



October 16, 2001

Department of State  
Division of Corporation  
Tallahassee, FL

Dear Sir or Madam:

On Saturday, October 13, 2001, I received via mail a form from stating that Pro Courier & Multi Service Company's corporation status had dissolved. On Monday, October 15, 2001, I called the phone number on the form that referred to call a number to another department. I spoke to a representative that informed me, the original money order I sent and a letter with an attached explanation, was returned to me on September 17 because there was a missing signature on the check. As of October 15, a month later, I had not yet received the returned money order she mentioned. She then advised me to return to my bank where I purchased the money order to have a stop payment made and furnish to the Department of State another check for the same amount for Pro Courier & Multi Service Company's corporation reinstatement.

Please find a check in the amount of \$550.00 (five hundred and fifty dollars) for the annual report filing for Pro Courier & Multi Service Company. Thank you for your cooperation in this matter. Should you require additional information, please feel free to call me at (305) 245-2674 Monday thru Friday at any time.

Sincerely,

Karyne A. Laurent  
President

Pro Courier & Multi Service Company